

TRANSCRIPT ORDER

DUE DATE:

Please Read Instructions:

1. NAME A. Kent Altsuler		2. PHONE NUMBER 713.892.4845		3. DATE 2/11/2014	
4. MAILING ADDRESS 2800 Post Oak Blvd., 61st Floor		5. CITY Houston		6. STATE Texas	7. ZIP CODE 77056
8. CASE NUMBER 4:12-cv-00840		9. JUDGE Lake		DATES OF PROCEEDINGS	
		10. FROM 2/7/2014		11. TO 2/7/2014	
12. CASE NAME Joseph M. Hill, et al v. Alex Oria, et al		LOCATION OF PROCEEDINGS			
		13. CITY Houston		14. STATE Texas	
15. ORDER FOR					
<input type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS	
				<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> OTHER (Specify)	

16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING (Specy)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input checked="" type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING		Scheduling Conference	February 7, 2014
<input type="checkbox"/> BAIL HEARING			

United States District Court
Southern District of Texas
FILED

FEB 11 2014

David J. Bradley, Clerk of Court

17. ORDER

CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
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EXPEDITED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
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HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			

CERTIFICATION (18. & 19.)

By signing below, I certify that I will pay all charges (deposit plus additional).

ESTIMATE TOTAL

18. SIGNATURE A. Kent Altsuler <i>A. Kent Altsuler</i>		<input checked="" type="checkbox"/> EMAIL ONLY REQUIRED	
		<input type="checkbox"/> EMAIL AND HARD COPY REQUIRED	
19. DATE February 11, 2014		<input checked="" type="checkbox"/> EMAIL ADDRESS: kaltsuler@nathansommers.com	
20. TRANSCRIPT TO BE PREPARED BY Exceptional Reporting Services		COURT ADDRESS	
ORDER RECEIVED	DATE	BY	
DEPOSIT PAID			DEPOSIT PAID
TRANSCRIPT ORDERED			TOTAL CHARGES
TRANSCRIPT RECEIVED			LESS DEPOSIT
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED
PARTY RECEIVED TRANSCRIPT			TOTAL DUE

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TRANSCRIPTION COPY

ORDER RECEIPT

ORDER COPY